

**CITY OF CORTLAND MICROENTERPRISE PROGRAM
PROJECT APPLICATION - FISCAL YEAR 2018 CDBG**

PLEASE SUBMIT COMPLETED APPLICATION *IN HARD COPY* TO:

**THOMA DEVELOPMENT CONSULTANTS
34 TOMPKINS STREET
CORTLAND, NY 13045**

ROUND ONE: APPLICATIONS DUE END OF DAY AUGUST 30, 2019

I. PERSONAL INFORMATION: (CORPORATIONS, LLCS, PARTNERSHIPS OR BUSINESSES WITH MORE THAN ONE OWNER - ATTACH A SEPARATE SHEET WITH THE NAME, SOCIAL SECURITY NUMBER, AND TITLE OF ALL OFFICERS, LLC MEMBERS, PARTNERS OR OWNERS)

Name: _____

Social Security #: _____

Mailing Address: _____

Email Address: _____

-
Business Name: _____

Property Address: _____

Business Phone #: _____ Cell Phone #: _____

DUNS # (REQUIRED - See Attachment #3 of Guidelines): _____

II. BUSINESS INFORMATION (Please Check Appropriate Box And Answer Any Questions Below Box Checked).

Specify Business Type:

Corporation - (Provide all information requested in Section I above for each officer of corporation by position; attach additional pages as needed.)

Date and State incorporated: _____

Partnership - (Provide all information requested in Section I above for each partner including percentage of ownership; attach additional pages as needed.)

Number of Partners: _____

Date on which business began operations: _____

- LLC** - (Provide all information requested in Section I above for each member including percentage of ownership; attach additional pages as needed.)

Name of LLC: _____

Name of Managing Member: _____

Date on which business began operations: _____

Number of Members: _____

- Sole Proprietorship** DBA: Name _____

- Other:** Specify _____

III. LOW-TO-MODERATE INCOME QUALIFYING CRITERIA: (PLEASE CHECK ONE)

- Applicant/Business Owner is low-to-moderate in income
- Applicant is NOT low-to-moderate in income; Project must result in creation of at least one full-time equivalent (FTE) job available to low-to-moderate income persons; complete appropriate chart(s) below.

IV. JOBS INFORMATION: NEW OR EXISTING BUSINESSES

Check the appropriate box below and complete the chart associated with that box, i.e. are you an existing business or a new business. New businesses are those that have been in existence six months or less at the time of application.

- EXISTING BUSINESS:** Check here if project involves an existing business and list ONLY those jobs currently at the business. Indicate the number of full-time jobs by position below (full-time jobs are 40 hours or more); indicate the number of part-time jobs by position below and the number of hours worked for each part-time position entered; City will determine eligibility as a Microenterprise based on this information.

Summary of Existing Jobs:

Position	# Full-time jobs	# Part-time jobs	Total part-time hours worked
For office use only Total FTEs			

NEW JOBS: Check here if you are an **existing business and the project involves the creation new jobs (Non Low-to-moderate income owners must create at least one new full-time equivalent job)**. Indicate the number of full-time jobs to be created by position below (full-time jobs are 40 hours or more); Indicate the number of part-time jobs to be created by position below and the number of hours to be worked for each part-time job to be created:

Summary of New Jobs to-be-Created: Existing Businesses:

Position	# Full-time jobs	# Part-time jobs	Total part-time hours worked	Wages
For office use only Total FTEs				

NEW BUSINESS: Check here if you are a new business. If the project involves the creation new jobs, indicate the number of full-time jobs to be created by position below (full-time jobs are 40 hours or more); Indicate the number of part-time jobs to be created by position below and the number of hours to be worked for each part-time job to be created; **Non Low-to-moderate income owners must create at least one new full-time equivalent job).**

Summary of New Jobs to-be-Created: New Businesses:

Position	# Full-time jobs	# Part-time jobs	Total part-time hours worked	Wages
For office use only Total FTEs				

V. PROJECT NARRATIVE

On a separate sheet(s) of paper, provide a **detailed** description of the proposed Microenterprise Project. The narrative should include a description of the project, a line-by-line budget with each component listed whether City Microenterprise funds will be used for that particular component/item or owner’s funds. The cost of each component/item must be backed up with a vendor’s quote (See Submission Requirements Checklist below). Please refer back to the Section titled “JUSTIFICATION FOR AND LIMITATION OF FUNDING” in the Program Guidelines and justify how/why each component is important to the success of the project, or lack of each component/item will impact on the success of the project.

VI. PROJECT COST

Total Cost of Project: \$ _____

(*Total project cost must be documented by vendor quotes or similar as requested in the Submission Requirements Checklist below)

Amount of Project Cost Requested from Microenterprise Program (Limited to 90% of total up to a maximum of \$35,000 per project): \$ _____

Amount of Project to be provided by owner (Must be a minimum of 10% of total project and include cost of project in excess of \$35,000 maximum, even if that amount exceeds the minimum 10% contribution): \$ _____

Indicate in what form and from where the owner's contribution will be provided. The owner's required contribution of 10% **cannot be in the form of debt**. Applicant must document availability of owner's contribution at the time of application with bank statements or other acceptable documentation (see Submission Requirements Checklist below).

Form of contribution: _____

Source of contribution: _____

VII. TRAINING - MUST BE COMPLETED BY AT LEAST ONE OF THE OWNERS

The State of New York requires specific training under the Microenterprise Program that must be completed by at least one of the business owners. ALL successful applicants/Program participants will be required to complete approved training before funds can be accessed, if the project is awarded funding. Applicants may initiate training prior to submission of their application. The cost of training is not covered by the City of the grant funds.

The two approved programs are provided by the Small Business Development Centers (SBDC) at Onondaga Community College or Binghamton University. Please indicate whether you have previously completed a small business training program or are currently enrolled in a small business training program from either of the above SBDCs.

Training:

- Have you completed a small business training program within the past 24 months per the above criteria? Yes No

If **yes**, please provide a copy of the certificate showing completion of course and date.

- Are you currently enrolled in a small business training program per the above criteria?
 Yes No

VIII. CONFLICT OF INTEREST DISCLOSURE - PROVIDE ONE FOR EACH OFFICER, LLC MEMBER, PARTNER OR OWNER (COPY AS NECESSARY)

Under certain circumstances, an applicant for State or federal funding may have a “conflict of interest” and may need a waiver in order to participate in a program. For example, a conflict of interest may be present if the applicant is related to an employee, officer, or elected official of the City of Cortland. There are other cases where a conflict of interest may also be present. Please answer the questions below to help us make that determination. If a conflict does exist, the City will request a waiver on your behalf, if necessary and appropriate. Waivers are reviewed and granted by the NYS OCR.

Each officer/partner/LLC Member should complete their own disclosure. Make copies as needed. Forms need to be signed.

DISCLOSURE

Please place an “X” in the appropriate box for all questions listed below so that we may make a determination of whether any conflicts may be applicable to your project. Answer for all applicants if there is more than one applicant.

1. Are you now, or have you ever been an employee, agent, consultant, an officer or an elected official of the City? Yes No

* If **yes**, please provide details in the space below question #3.

2. Are you related to an employee, an agent, or an elected or appointed official of the City, or a consultant working for the City? Yes No

* If **yes**, please indicate to whom you are related and the relationship on the space provide below question #3.

3. Do you have a business connection to any of the people listed in #1? Yes No

If yes, please note the relationship below.

Print Name: _____

Signature: _____

Date: _____

IX. CERTIFICATION/AUTHORIZATIONS/SIGNATURE(S)

By signing below, I/we certify that all information, which has been or will be furnished in support of this application, is given for the purpose of obtaining funds under the City of Cortland's Microenterprise Program. I/we further certify that all information submitted has been examined and approved by me/us and is true, correct, and complete. I/we understand that this information will be used to assess my/our proposed project and that additional information may be needed in order to rate and rank the project in accordance with funding criteria. I/we agree to abide by all requirements set forth or to be set forth in connection with said Program.

In addition, I/we understand that falsification of any item contained herein, or fraudulent misrepresentation of my/our business and its processes could result in criminal and/or civil penalties applicable under or pursuant to local, state, and federal laws. Further, I/we agree that verification of any information contained herein, or to be provided in support of this loan request, may be obtained by whatever means the County or its agent determines if appropriate, and a formal credit check may be undertaken by any source deemed appropriate by the City. (All corporate officers, LLC Members, Partners or business owners must sign and date below).

Last, I understand that although my business may meet the technical definition of a Microenterprise, the State may, in its opinion, not agree that my business or the project meets the intent of its Microenterprise Program and can direct the City to exclude the project or business from participation. I certify that I and/or my business will not pursue any legal recourse as a result.

PRINT NAME : _____

SIGNATURE: _____ DATE: _____

PRINT NAME : _____

SIGNATURE: _____ DATE: _____

SUBMISSION REQUIREMENTS CHECKLIST

A. FOR THOSE QUALIFYING AS A LOW-TO-MODERATE INCOME OWNER:

The following information is required **ONLY** for those Applicants/Business Owners that qualify for Microenterprise funds as a member of a low-to-moderate income family. Family in this context is defined as all persons that reside in the same household that are **related** by birth, marriage or adoption.

- Completed and Signed Family Income Verification Form (included at the end of this checklist);
- Complete Federal Income Tax Returns for the past three years (business and personal); If you have been self-employed or held income property make sure the returns include the Schedules C and E.
- Documentation of Current Wages for all employed family members of Applicant's family such as most recent pay stubs (including Applicant if paid as an employee of the business);
- Documentation of any other form of income such as Social Security, SSI, SSD, pension, rental properties, interest earned on any assets, etc.
- Copies of Birth Certificates for all family members of Applicant's family;
- Personal Bank Statements (both checking and savings) for the last two months.

B. THE FOLLOWING INFORMATION IS REQUIRED FROM ALL APPLICANTS INCLUDING THOSE QUALIFYING AS A LOW-TO-MODERATE INCOME OWNER (IN ADDITION TO THE INFORMATION REQUESTED ABOVE):

- A Business Plan that references the microenterprise project; Applications without a A business plan will not be considered. The City's consultant can provide a Template. The Plan is instrumental in reviewing your application;
- Cash Flow Projections (Income and Expenses) for three years; year one should be provided on a monthly basis; years two and three can be by year. Applications that do not include cash flow projections will not be considered;
- Documentation of source of all other funds required to complete the project if total project exceeds \$35,000 maximum;
- Documentation of source of owner's 10% cash equity in project;
- Vendor and/or Contractor Quotes for all components of the project;
- Proof of Site Control for project (i.e. deed, long-term lease, executed purchase option, etc.);

- For projects that involve job creation, provide list of jobs to be created; include number of jobs, timetable for hiring, salaries or wages for jobs and description of jobs with hours;
- List of all properties owned by the Applicant/Business in the City of Cortland;
- For existing businesses: copy of last two quarters NYS-45 (Quarterly Combined Withholding, Wage Reporting, And Unemployment Return) and NYS- 45-ATT (Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Return – Attachment); these forms are needed to document that you are qualified as a Microenterprise (5 or fewer employees including the owner(s));
- Resume(s) of Applicant/Business Owner(s)/partners/corporate officers/ LLC Members; resumes should include (at a minimum) education and employment histories;
- Current financial statements of applicant business (within last two months), to include: balance sheet and income and expense statements;
- Complete copies of the last three federal income tax returns filed. Both personal and business tax statements are required if appropriate. Partnerships also shall provide personal income tax statements for all partners and corporations shall provide personal income tax returns from all corporate officers;
- List of credit references to include banks and suppliers. The applicant should note that a credit report may be requested ;
- Verification of need. As noted in the Program Guidelines, the applicant should provide justification of need for public funds. This should be included in the Business Plan under the section titled “Need”

THE FAMILY INCOME VERIFICATION FORM IS PROVIDED BELOW FOR COMPLETION AND SUBMISSION WITH YOUR APPLICATION. PLEASE COPY AS NEEDED FOR MULTIPLE OWNERS.

*Family Income Verification Forms MUST be completed by each officer, partner, LLC member of a business that wishes to qualify as a Low-to-Moderate income (LMI) business. At least **51%** of the owners must be Low-to-Moderate in income to qualify as an (LMI) business.

STOP!

Have you completed all questions on the application? Have you provided all the information in the check lists above? IF NOT, the City may not be able to consider your application.

Name of Community: _____
 Business Name: _____ CFA ID: _____

Control Number _____

FAMILY INCOME FORM

The employment position for which you are applying has been made available with financial assistance from The City of Cortland using Federal Community Development Block Grant Funding. As a result, the employer is required to obtain the following information:

Name: _____ Job Title: _____

Address: _____

INSTRUCTIONS

Determine your family size by counting yourself and each family member who **currently** resides with you within the same housing unit. A family member is a person who is related to you by birth, marriage, or adoption. Circle the appropriate family size below. Next, total the income from all sources received during the last calendar year (January - December) by yourself and each member of your family who **currently** resides with you. Income includes wages, salaries, tips, business income, interest, dividends, the taxable portion of pensions and annuities, IRA distributions, rents, royalties, partnerships, unemployment compensation, and social security; less alimony paid, and unreimbursed employee business expenses calculated consistent with IRS Form 2106. Compare this total to the figure listed for the circled family size and indicate which range your family income falls within by checking the appropriate box.

Family Income (check appropriate box in same row as # of persons in family)

Family Size (Circle)	<30% Median	30-50% Median	50-80% Median	>80% Median
1	<input type="checkbox"/> < \$14,400	<input type="checkbox"/> \$14,401-\$24,000	<input type="checkbox"/> \$24,001-\$38,400	<input type="checkbox"/> >\$38,400
2	<input type="checkbox"/> < \$16,460	<input type="checkbox"/> \$16,461-\$27,400	<input type="checkbox"/> \$27,401-\$43,850	<input type="checkbox"/> >\$43,850
3	<input type="checkbox"/> < \$20,780	<input type="checkbox"/> \$20,781-\$30,850	<input type="checkbox"/> \$30,851-\$49,350	<input type="checkbox"/> >\$49,350
4	<input type="checkbox"/> < \$25,100	<input type="checkbox"/> \$25,101-\$34,250	<input type="checkbox"/> \$34,251-\$54,800	<input type="checkbox"/> > \$54,800
5	<input type="checkbox"/> < \$29,420	<input type="checkbox"/> \$29,421-\$37,000	<input type="checkbox"/> \$37,001-\$59,200	<input type="checkbox"/> >\$59,200
6	<input type="checkbox"/> < \$33,740	<input type="checkbox"/> \$33,741-\$39,750	<input type="checkbox"/> \$39,751-\$63,600	<input type="checkbox"/> >\$63,600
7	<input type="checkbox"/> < \$38,060	<input type="checkbox"/> \$38,061-\$42,500	<input type="checkbox"/> \$42,501-\$68,000	<input type="checkbox"/> >\$68,000
8	<input type="checkbox"/> < \$42,380	<input type="checkbox"/> \$42,381-\$45,250	<input type="checkbox"/> \$45,251-\$72,350	<input type="checkbox"/> >\$72,350

9 or more _____ Actual Income \$ _____

Race: White Black/African American Asian American Indian/Alaskan Native
 Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native and White Asian and White
 Black/African American and White American Indian/Alaskan Native and Black/African American
 Other Multi-Racial Hispanic*

Ethnicity

* Hispanic - HUD has designated Hispanic as an ethnic group. A person should be identified as both a member of a racial group and an ethnic group when this ethnic group is selected

Female Head of Households Elderly Persons Disabled Persons

Currently Employed? Yes or No (circle)

The information provided herein will be confidential and will only be used to provide statistical data required under the Community Development Block Grant program. It is subject to verification pursuant to the rules and regulations of the Office of Community Renewal and the U.S. Department of Housing and Urban Development.

I certify that the information provided herein is true to the best of my knowledge.

Signature

Date

Office of Community Renewal (07/2018)